

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 08/20/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 95851, 97110, 97265, 97122, 99213, 99213-MP and 97116 for dates of service 10/28/02, 11/14/02, 11/18/02, 11/19/02, 11/25/02, 11/26/02, 11/27/02, 12/02/02, 12/03/02, 12/04/02, 12/05/02, 12/09/02, 12/10/02, 12/11/02, 12/13/02, 12/16/02, 12/17/02, 12/18/02, 12/19/02, 12/23/02, 12/26/02, 12/07/02, 12/30/02, 12/31/02, 01/02/03, 01/03/02, 01/06/02, 01/06/02, 01/27/02, 01/30/02, 02/03/02, 02/04/03, 02/05/03, 02/17/03, 02/18/02, 02/24/03, 02/27/03, 02/28/03, 03/03/03, 03/04/03, and 03/05/03. ___ with ___ submitted an updated table of disputed services on 03/25/04. The updated table excludes services that were on the original table that are no longer in dispute.

II. RATIONALE

- CPT code 95851 on dates of service 10/28/03, 11/11/02, and 02/04/03. The respondent denied the service as “T-not according to treatment guidelines” and “204-A separate service /supply and other related service were billed on the same day”. The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002 per Advisory 2002-11. The respondent also did not clarify what related service was billed on the same day; therefore the service will be reviewed per the 1996 Medical Fee Guideline. The Range of Motion testing reports support delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$108.00 (\$36.00 x 3 dates of service) is recommended.
- CPT code 97110 on dates of service 11/18/02, 12/02/02, 12/03/02, 12/04/02, 12/05/02, 12/09/02, 12/10/02, 12/11/02, 12/13/02, 12/16/02, 12/17/02, 12/18/02, 12/19/02, 12/23/02, 12/26/02, 12/30/02, 12/31/02, 01/02/03, 01/03/03, and 01/06/03. The respondent denied the service as “T-not according to treatment guidelines” and “213- The charge exceeds the scheduled value and/or parameters that would appear reasonable”. The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002 per Advisory 2002-11. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one".

Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Submitted S.O.A.P. notes do not document the severity of the injury that would require exclusive one-to-one supervision. Reimbursement is not recommended.

- CPT code 97110 on date of service 02/17/03. An EOB was not submitted by either party therefore the service will be reviewed per the 1996 Medical Fee Guideline. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one". Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Submitted S.O.A.P. notes do not document the severity of the injury that would require exclusive one-to-one supervision. Reimbursement is not recommended.
- CPT code 97265 on dates of service 11/19/02, 11/25/02, 11/26/02, and 11/27/02. The respondent denied the service as "T-not according to treatment guidelines" and "270-No allowance has been recommended for this procedure/service/supply please see special note below...Please see attached documentation concerning Texas guidelines for chiropractic manipulations". There was no documentation attached to the EOB or submitted in the request for dispute resolution to explain the "270" denial code. The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002 per Advisory 2002-11. The service will be reviewed per the 1996 MFG. S.O.A.P. notes for date of service 01/21/02 support delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$172.00 (\$43.00 x 4 dates of service) is recommended.
- CPT code 97122 on date of service 12/27/02. The respondent denied the service as "T-not according to treatment guidelines" and "213- The charge exceeds the scheduled value and/or parameters that would appear reasonable". The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002 per Advisory 2002-11. The S.O.A.P. notes support delivery of service per TWCC Rule 133.307(g)(3)(A-F) and meets the criteria of MFG Medicine Ground Rule I (A)(10) (A). Reimbursement in the amount of \$35.00 is recommended.
- CPT code 97122 on date of service 01/06/03. The respondent submitted an EOB showing payment in the amount of \$35.00 reason for reduction as "F-Reduced according to Fee Guideline". The maximum allowable reimbursement for this CPT code is \$35.00 per the 1996 MFG CPT code descriptor. Additional reimbursement is not recommended.

- CPT code 99213 on date of service 01/27/03. The respondent denied the service as “G-include in Global” and “220-The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery”. The EOB included CPT code 67110/Repair of detached retina on the same date of service for this provider. The HCFA nor the S.O.A.P. notes include or discuss this procedure (67110) as performed on this date of service by this health care provider. The S.O.A.P. notes support delivery of 99213-MP on this date of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$48.00 is recommended.
- CPT code 99213-MP on dates of service 01/30/03, 02/03/03, and 02/17/03. EOB’s were not submitted by either party; therefore the service will be reviewed per the 1996 MFG. S.O.A.P. notes for this date of service support delivery of service per 133.307 (g)(3)(A-F). Reimbursement in the amount of \$144.00 (\$48.00 x 3 dates of service) is recommended.
- CPT Code 99213-MP on dates of service 02/05/03 and 02/18/03. The respondent denied the service as “G-include in Global” and “220-The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery”. Neither party submitted documentation to support a surgery performed or billed on the same day or a previous day. The service will be reviewed per the 1996 MFG. S.O.A.P notes for these dates support the delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$96.00 (\$48.00 x 2 dates of service) is recommended.
- CPT code 99213 on dates of service 02/24/03, 02/27/03, 02/28/03, 03/03/03, and 03/04/03. . The respondent denied the service as “G-include in Global” and “220-The provider billed for a visit on the same day of surgery or within the follow-up of a previously performed surgery”. Neither party submitted documentation to support a surgery performed or billed on the same day or a previous day. The service will be reviewed per the 1996 MFG. The S.O.A.P. notes for these dates do not support a significant change in the injured workers condition to substantiate more than one re-examination per month MFG Medicine Ground Rule I. (A)(4). Reimbursement in the amount of \$96.00 (\$48.00 x 2 dates of service) is recommended.
- CPT code 99213 on date of service 03/05/03. An EOB was not submitted by either party, therefore the service will be reviewed per the 1996 MFG. The S.O.A.P. notes for these dates do not support a significant change in the injured workers condition to substantiate more than one re-examination per month MFG Medicine Ground Rule I. (A)(4). Reimbursement is not recommended.
- CPT code 97116 on date of service 02/17/03. . An EOB was not submitted by either party; therefore the service will be reviewed per the 1996 MFG. S.O.A.P notes for these dates do not support the delivery of service per TWCC Rule 133.307 (g)(3)(A-F). Reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$699.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$699.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 09th day of April 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc